PILED FORM	Date of election if applicable: JAN 3 1 2013 Page 1 of Election of For Official Use Only For Official Use Only 11/06/2012	2. Type of Statement    Preelection Statement   Special Odd-Year Report     Semi-annual Statement   Supplemental Preelection     Termination Statement   Statement - Attach Form 495     Amendment (Explain below)	Treasurer(s)	NAME OF TREASURER  Tom Martinez  MALING ADDRESS  2624 Air Park Dr. STATE ZIP CODE AREA CODE/PHONE CITY	Santa Maria, CA 93455  NAME OF ASSISTANT TREASURER, IF ANY  Trent Benedetti  MALING ADDRESS  2151 S. College Dr., Ste. 101  STATE ZIP CODE  AREA CODE/PHONE CITY	Santa Maria, CA 93455 OPTIONAL: FAX / E-MAIL ADDRESS	wou.	Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (January/05) Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Type or print in ink.	ment covers period 10/21/2012 12/31/2012	mittees – Complete Parts 1, 2, 3, and 4.  Drimarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6)	Officeholder Committee (Also Complete Part 7)	L.D. NUMBER 1342307 COMMITTEE)	08	STATE ZIP CODE AREA CODE/PHONE	Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my k I have used all reasonable diligence in preparing and reviewing this statement and to the and correct under penalty of perjury under the laws of the State of California that the foregoing is true and correct under penalty of perjury under the laws of the State of California that the foregoing is true and correct  Executed on Pate  Executed on Bate  Executed on Date	By By
Recipient Committee Campaign Statement	Covernment Code Sections 84200-84216.5)	SEE INSTRUCTIONS ON REVERSE  1. Type of Recipient Committee: All Committees – Complete Parts 1, Sommittee  2. Officeholder, Candidate Election Committee  3. State Candidate Election Committee  4. State Candidate Election Committee  5. Controlled  6. Sponsored  (Also Complete Part 5)	General Purpose Committee  Sponsored  Small Contributor Committee  Political Party/Central Committee	3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Patino for Mayor 2012	STREET ADDRESS (NO P.O. BOX)  2624 Airpark Drive CITY  Santa Maria, CA 93455  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	S CITY OPTIONAL: FAX / E-MAIL ADDRESS	4. Verification Thave used all reasonable diligence in prepariunder penalty of perjury under the laws of the executed on [-21-2013]  Executed on [-31-2013]	Executed on Date Executed on Date

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Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	Measure Committe	Φ	
NAME OF OFFICEHOLDER OR CANDIDATE Lice Patino		NAME OF BALLOT MEASURE			
DFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	T NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	20 D	SUPPORT OPPOSE
ESIDENTIALBUSINESS ADDRESS (NO.AND STREET) CITY 624 Airpark Drive Santa Maria, CA 93455	TY STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.	eholder, candidate, or s	state measure pro	ponent, if any.
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	tement: List any committees r are primarily formed to receive didacy.	NAMIE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT OFFICE SOUGHT OR HELD	DAIE, OK PROPONENI	DISTRICT NO. IF ANY	√W
OMMITTEE NAME	I.D. NUMBER		0 20 Plod 00 330 0 00 00 P	1 2 2	
IAME OF TREASURER	CONTROLLED COMMITTEE?	officeholder(s) or candidate(s) for which this committee is primarily formed.	date/Onicenoluer of	is primarily formed.	lames or
OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	(xc)	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
STATE ZIP CODE	ODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
SOMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
SOMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	(XC				
STATE ZIP CODE	ODE AREA CODE/PHONE	Attaci	Attach continuation sheets if necessary	<sup>f</sup> necessary	

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Type or print in ink. Amounts may be rounded

I.D. NUMBER		
Page 3 of 14	12/31/2012	through _
FORM	10/21/2012	from
CALIFORNIA ARD	Statement covers period	Statem
SUMMARY PAGE		

Summary Page	to whole dollars.	Statem	Statement covers period	CALIFORNIA ARD
		from	10/21/2012	FORM
SEE INSTRUCTIONS ON REVERSE		through _	12/31/2012	Page 3 of 14
NAME OF FILER Patino for Mayor 2012				I.D. NUMBER 1342307
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both th General Elections	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$ 8,675.00	\$ 70,202.00	1/1 #	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 8,675.00	\$ 70,227.00	Zu. Contributions Received \$ 21. Expenditures	<del>.</del>
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 8,675.00	\$ 78,566.33		\$
Expenditures Made  6. Payments Made  7. Loans Made	\$ 10,343.00	\$ 67,671.49	Expenditure Limit Summary for State Candidates	Summary for State
SUBTOTAL CASH PAYMENTS	\$ 10,343.00	\$ 67,671.49	22. Cumulativ (If Subject to	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	0.00	0.00	Date of Election (mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADEAdd Lines 8+9+10	\$ 10,343.00	\$ 76,010.82		₩
Current Cash Statement				€9
nce Previous	\$ 4,989.43	To calculate Column B, add		
13. Cash Receipts	00.0	corresponding amounts from Column B of your last	*Amounts in this section n	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	10,343	Column A may be negative		
<ol> <li>ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15</li> <li>If this is a termination statement, Line 16 must be zero.</li> </ol>	\$, 321.43	igures that should be subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	the first report being filed for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$	from Lines 2, 7, and 9 (if any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 25.00		FPPC Toll-Free Helplin	FPPC Form 460 (January)05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### Monetary Contributions Received Schedule A

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A CALIFORNIA FORM Statement covers period 10/21/2012 from

SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through 12/31/2012		Page	4 of 14
NAME OF FILER Patino for Mayor 2012	layor 2012				i	I.D. NUMBER 1342307	ER 7
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	ATE 1)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2012	B & D Farms, Inc. 5912 Oakhill Dr. Santa Maria, CA 93455	COM COTH SCC		500.00	200	500.00	G12 500.00
10/22/2012	Dennis Bethel & Associates, Inc. 2624 Airpark Dr Santa Maria, CA 93455	IND COM OTH SCC		100.00	200	200.00	G12 200.00
10/22/2012	Penny Jenkins 232 E. Canon Perdido Santa Barbara, CA 93101	IND COM OTH PTY	Administer	100.00	100	100.00	G12 100.00
10/22/2012	PXP 700 Milan Houston, TX 77002-2815	IND COM NOTH PTY	Oil Industry	500.00	0055	500.00	G12 500.00
10/22/2012	Santa Barbra County Republican Party 1180 Eugenia Pl. Ste. 220 Carpinteria, CA 93013	IND COM OTH SCC		200.00	200	200.00	G12 200.00
			SUBTOTAL\$	1,400.00			

## Schedule A Summary

- (Include all Schedule A subtotals.) ......\$ Amount received this period – itemized monetary contributions.
- - 3. Total monetary contributions received this period.

OTH - Other (e.g., business entity) (other than PTY or SCC) COM - Recipient Committee \*Contributor Codes IND - Individual

PTY – Political Party SCC – Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

8,675.00

75.00 8,600.00

### Monetary Contributions Received Schedule A (Continuation Sheet)

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) CALIFORNIA FORM Statement covers period from 10/21/2012

				through 12/31/2012	712 Page	le 5 of 14
NAME OF FILER					Q:I	I.D. NUMBER
Patino for Mayor 2012	ayor 2012				1.	1342307
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2012	Richard Adam 625 Chapel St. Santa Maria, CA 93454	MIND COM PT4 SCC	Lawyer A california Law Corporation	100.00	200.00	0 612 200.00
10/23/2012	Henri Ardantz 2222 Arrowhead dr Santa Maria, CA 93455	⊠IND COM COTH COTH SCC	Agribusiness Betteravia Farms	250.00	550.00	0 G12 550.00
10/23/2012	MITCH ARDANTZ 6670 AVILA VALLEY DR San Luis Obispo, CA 93405	IND COM OTH PTY SCC	OWNER BETTERAVIA FARMS	250.00	500.00	0 G12 500.00
10/23/2012	MICHABL BIBLY 7325 GRACIOSA RD Santa Maria, CA 93455	IND COM OTH PTY	RAMCO DEVELOPMENT INC	100.00	200.00	0 G12 200.00
10/23/2012	Susan Chapman 175 Tepusquet Rd. Sana Maria, CA 93454	NIND COM OTH PTY SCC	Retired	50.00	150.00	0 G12 150.00
			SUBTOTAL \$	750.00		

\*Contributor Codes

IND-Individual

COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

I.D. NUMBER	
Page6 of14	through 12/31/2012
FORM <b>400</b>	from 10/21/2012
CALIFORNIA ACO	Statement covers period
SCHEDULE A (CONT.)	

				,	) i		
NAME OF FILER					N.G.I	I.D. NUMBER	
Patino for Mayor 2012	ayor 2012				134	1342307	<del></del>
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER ID, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SEL'-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	Z 6
10/23/2012	Tony Cossa	IND I COM	Insurance Broker	100.00	200.00	G 12 20	200.00
	*Ul Machado Santa Maria, CA 93455		TWIW INSURANCE				
10/23/2012	Bast Donovan Lanes		Rancho Bowl	200.00	450.00	G 12 45	450.00
	128 East Donovan Rd.	]⊠ MOTH					
	Santa Maria, CA 91454						
10/23/2012	Engel & Gray, Inc.			750.00	1,250.00	G12 1,25	1,250.00
	745 w. Betteravia Rd.	E HLO					
	Santa Maria, CA 93456						
10/23/2012	JOHN MURRAY	OW COM	OWNER	250.00	500.00	G 12 50	500.00
	312 E LAS FLORES WAY	Потн	RRADI.EY TAND				
3	Santa Maria, CA 93454	SCC	COMPANY/RANCH BOWL				
10/23/2012	Urban Planning Concepts, Inc.	OM OM OM		100.00	200.00	G 12 20	200.00
	2624 Airpark Drive	M M					
	Santa Maria, CA 93455	SCC					
			SUBTOTAL\$	1,400.00			

\*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

### Monetary Contributions Received Schedule A (Continuation Sheet)

Type or print in ink.
Amounts may be rounded to whole dollars.

1.D. NUMBER	
Page7_ of14	through 12/31/2012
FORM <b>400</b>	from 10/21/2012
CALIFORNIA 1ED	Statement covers period
SCHEDULE A (CONT.)	

				unrough 12/31/2012	ĺ	rage	, OI 12
NAME OF FILER			3			I.D. NUMBER	8
Patino for Mayor 2012	ayor 2012					1342307	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	ATE 1)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2012	ROBERT IBSEN	IND COM	DENTIST	100.00	300	300.00 G12	300.00
	13/1 EADT MAIN SI Santa Maria, CA 93454		SELF				
10/29/2012	Ronald Johnson	QNI ⊠CO	Retiried	50.00	125	125.00 G	G12 125.00
	805 Beth ct	10 E					
	Santa Maria, CA 93454	Scc					
10/29/2012	James Kelly		contractor	50.00	150	150.00 G	G12 150.00
	570 Ranch Rd.	TO THE	səlf emnloved				
	Solvang, CA 93463	PT≺ □ SCC					
10/29/2012	Jerry Luis	NIND COM	Retired	100.00	250	250.00 G	G12 250.00
	430 St. Andrews way	IDI HIO					
	Santa Maria, CA 93455	Scc					
10/29/2012	Santa Ynez Band of Mission Indians	COM		900.00	006	900.006	G12 900.00
	P.O. Box 517	]⊠[ HTO					
	Santa Ynez, CA 93460	scc					
			\$UBTOTAL\$	1,200.00			

\*Contributor Codes

IND—Individual
COM—Recipient Committee
(other than PTY or SCC)
OTH—Other (e.g., business entity)
PTY—Political Party
SCC—Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

| SCHEDULE A (CONT.)
Statement covers period	CALIFORNIA 460
FORM	10/21/2012
through	12/31/2012
CALIFORNIA 460	
FORM	60
CALIFORNIA	
FORM	12/31/2012
CALIFORNIA	14
FORM	12/31/2012
CALIFORNIA	14
FORM	14
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CALIFORNIA	15

200.00 200.00 200.00 1,000.00 1,000.00 PER ELECTION TO DATE (IF REQUIRED) G 12 G12 G 12 G 12 G12 I.D. NUMBER 1342307 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 1,000.00 200.00 1,000.00 200.00 200.00 250.00 1,850.00 1,000.00 200.00 200.00 200.00 RECEIVED THIS PERIOD **SUBTOTAL**\$ IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Tri W Enterprises, Inc W Enterprises, Inc Tri W Enterprises, Inc Vice President real estate VP Finance President Retired Ex. Tri FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER ID, NUMBER) CODE \* ND COM COM □ Q IND COM □ OTH □ PTY □ SCC | X IND | COM OTH PTY 93420 93454 93455 93454 93455 2625 S. Miller Ste 107 766 Hermosa Vista Way Deborah William-Hunt CA B CA CA G William McInerney /incent Rodriguez 2236 S. Broadway 1031 Burlington Sharon Williams Arroyo Grande, 680 Daniel Dr. Santa Maria, Santa Maria, Santa Maria, Santa Maria, Burt Fugate Patino for Mayor 2012 NAME OF FILER DATE RECEIVED 10/31/2012 10/31/2012 10/31/2012 11/02/2012 10/31/2012

\*Contributor Codes

IND – Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

FPPC Form 460 (January/05) FPPC ToII-Free Helpline: 866/ASK-FPPC (866/275-3772)

### Monetary Contributions Received Schedule A (Continuation Sheet)

Type or print in ink.
Amounts may be rounded to whole dollars.

10 NUMBER	
Page 9 of 14	through 12/31/2012
FORM 400	from 10/21/2012
CALIFORNIA ARD	Statement covers period
SCHEDULE A (CONT.)	

					•	
NAME OF FILER					1.D. NUMBER	MBER
Patino for Mayor 2012	dayor 2012				1342307	307
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTE, ALSOENTER ID, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (I SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TODATE (IF REQUIRED)
11/02/2012	Western Village		Shopping Center	2,000.00	2,000.00	G12 2,000.00
	2011 S. Broadway, Suite J	NOTH H				
	Santa Maria, CA 93454					
		OTH COM				
		DOTH SCC				
		COM COM COM COM COM				
		COM COM COTH COTH COTH COTH COTH COTH COTH COTH				
			SUBTOTAL\$	- C		

\*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars.

 Statement covers period from
 CALIFORNIA 460

 from
 10/21/2012

 through
 12/31/2012

 I.D. NUMBER

 1342307

SCHEDULEE

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	Otherwis
	des accurately describes the payment, vou may enter the code. Otherwise, describe the payment.
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Patino for Mayor 2012	ODES: If one of the following co.
Patino for	CODES

<b>CODES</b> : If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	i, you may ente	er the code. Oth	ierwise, describe the payment.	
CMP campaign paraphernalia/misc.  CNS campaign consultants  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate fliing/ballot fees  FND fundraising events  FND independent expenditure supporting/opposing others (explain)*  FND independent expenditure supporting/opposing others (explain)*  FND point and sailing and supporting others (explain)*  FND point and specified and specified and specified interacture and mailings  FND professional professional professional professional professional print ads	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)	s ch ssenger services al, accounting)	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration VMEB information technology costs (internet, e-mail)	s me candidate/sponsor e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID, NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, Inc.	PRO			906.60
2151 S. College Dr Ste 101 Santa Maria, CA 93455				
MORRISON MEDIA SERVICES	TEL			780.00
PO BOX 5186 Santa Maria, CA 93455				
MORRISON MEDIA SERVICES	RAD			3,000.00
PO BOX 5186 Santa Maria, CA 93455				

# Schedule E Summary

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 10,213.00	
2. Unitemized payments made this period of under \$100	.\$ 130.00	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	00.00	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$ 10,343.00	

4,686.60

SUBTOTAL \$

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SCHEDULE E (CONT.)

#### (Continuation Sheet) Payments Made Schedule E

Amounts may be rounded Type or print in ink. to whole dollars.

14 6 CALIFORNIA 11 FORM I.D. NUMBER 1342307 Page\_\_ Statement covers period 10/21/2012 12/31/2012

through from. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Patino for Mayor 2012

t.v. or cable airtime and production costs radio airtime and production costs campaign workers' salaries describe the payment. returned contributions RAD SAL SAL TECHNOLOGY CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, meetings and appearances member communications office expenses campaign consultants contribution (explain nonmonetary)\* campaign paraphernalia/misc. civic donations <u>0</u> 000 SNS

petition circulating phone banks 

candidate filing/ballot fees

2295

transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals staff/spouse travel, lodging, and meals voter registration postage, delivery and messenger services professional services (legal, accounting) polling and survey research independent expenditure supporting/opposing others (explain)\* fundraising events.

information technology costs (internet, e-mail) print ads campaign literature and mailings legal defense

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
SANTA MARIA SUN 2540 SKYWAY DRIVE, STE A Santa Maria, CA 93455	PRT		00.896
Desiree Menchaca 412 Parkview North Santa Maria, CA 93455	SAL		320.00
Teresa Menchaca 429 Bl Cerrito Dr. Santa Maria, CA 93455		Reimbursed for Expenses	261.81
Crystal O'Keefe 655 Union Ave. Santa Maria, CA 93455	SAL		260.00
Lanesha Scoby 2027 N. Caballo Way Santa Maria, CA 93458	SAL		250.00

FPPC Form 460 (January/05) FPPC ToII-Free Helpline: 866/ASK-FPPC (866/275-3772) **SUBTOTAL \$** \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

2,059.81

(Continuation Sheet) Payments Made Schedule E

Type or print in ink. Amounts may be rounded to whole dollars.

of\_\_14 CALIFORNIA 12 FORM I.D. NUMBER Page \_\_ Statement covers period 10/21/2012 12/31/2012 through from

1342307

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Patino for Mayor 2012

describe the payment. CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, S S

meetings and appearances member communications petition circulating office expenses contribution (explain nonmonetary)\* campaign paraphernalia/misc. campaign consultants civic donations

polling and survey research postage, delivery and messenger services professional services (legal, accounting) phone banks 공투 동 목 점 중 등 돈 independent expenditure supporting/opposing others (explain)\*

print ads

campaign literature and mailings

legal defense

2<sup>9</sup>5

candidate filing/ballot fees

fundraising events

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CNS SS

transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals voter registration SAL SAL VOT WEB

t.v. or cable airtime and production costs

campaign workers' salaries

returned contributions

radio airlime and production costs

candidate travel, lodging, and meals

information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I,D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Ryan Wilson 429 El Cerrito Dr. Santa Maria, CA 93455	SAL		100.00
VIC Enterprises 2445 'A' St. Santa Maria, CA 93456	PRT		149.04
LOCAL COPIES 1500 S. BROADWAY Santa Maria, CA 93454	PRT	Flyers	86.45
Desiree Menchaca 412 Parkview North Santa Maria, CA 93455	SAL		30.00
Crystal O'Keefe 655 Union Ave. Santa Maria, CA 93455	SAL		20.00

SUBTOTAL \$ \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)

385.49

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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lule E	nuation	ents Mac
Sched	(Conti	Payme

Amounts may be rounded Type or print in ink, to whole dollars.

SCHEDULE E (CONT.) of 14 CALIFORNIA Page 13 FORM Statement covers period 10/21/2012 12/31/2012 through\_ from

I.D. NUMBER 1342307 campaign workers' salaries t.v. or cable airtime and production costs radio airtime and production costs describe the payment. returned contributions CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, RAD meetings and appearances member communications petition circulating office expenses phone banks fundraising events independent expenditure supporting/opposing others (explain)\* contribution (explain nonmonetary)\* SEE INSTRUCTIONS ON REVERSE NAME OF FILER candidate filing/ballot fees Patino for Mayor 2012 campaign consultants civic donations SHE BRICK

	WEB information technology costs (internet, e-mail)  DESCRIPTION OF PAYMENT  AMOUNT PAID
POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	CODE OR
IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 2027 N. Caballo way.

AMOUNT PAID		20.00		128.01	
DESCRIPTION OF PAYMENT			Reimbursed for Expenses		
A -		SAL	Rei		1
	2027 N. Caballo Way. Santa Maria, CA 93458	CORDARY KAREN	1207 TOUCHSTONE LANE SANTA MARIA, CA 93454	LOCAL COPIES	

	143.10
Patino for Mayor envelopes	
PRT	
1500 S. BROADWAY Santa Maria, CA 93454	POLITICAL DATA INC

	117.99
ORO	
à	_
POLITICAL DATA INC P.O. BOX 59570 Norwalk, CA 90652	

		400.00	
	Jackets for Boys and Girls Club		
	CVC Jack		on Schedule D.
Boys and Girls Club of Santa Maria	901 N Railroad Ave Santa Maria, CA 93458	* Darment 41.	r ay ments that are contributions or independent expenditures must also be summarized on Schedule D.

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Type or print in ink, Amounts may be rounded

SCHEDULE E (CONT.) Statement covers period

CALIFORNIA	10/21/2012 FORM <b>4-00</b>		rage 14	I.D. NUMBER	1342307	a the national	care payment.	radio airtime and production costs	campaign workers' salaries	t.v. or cable airtime and production costs	candidate travel, lodging, and meals staff/spouse travel, lodging, and meals	transfer between committees of the same candidate/sponsor
	from	through 12/31/2012				. Otherwise, describ		RFD returned			₹ ₹ 8	TSL TOV
to whole dollars.					the payment the transfer off	and payment, you may enter the code	MBK member communications	MIG meetings and appearances	PET petition circulation	PHO phone banks	POL polling and survey research	PRO professional services (legal, accounting)
9	- Constitution	מעמאטר	012		CODES: If one of the following codes accurately describes the payment	rnalia/misc.	nts Mi			P. P.	PC independent expenditure supporting/opposing others (explain)* PC PC	
ayments Made	SEE INSTRUCTIONS ON DEVELOR	NAME OF FILER	Patino for Mayor 2012		CODES: If one of the	CMP campaign paraphen	CNS campaign consultants	CIB contribution (explain nonmonetary)*				LIT campaign literature and mailings

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

2,272.00

SUBTOTAL \$

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.